

Case Number:	CM13-0042858		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2012
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year-old female that reported an injury on 08/12/2012 and the mechanism of injury was tripping over a box. The patient has complained of continued low back pain since her injury. The patient's current diagnosis is lumbar sprain. The history of prior treatment was lumbar epidural injection, medication management, activity restrictions, and work modification. The current physical examination findings were diminished lumbar range of motion, positive straight leg raising on the left, equal and symmetrical deep tendon reflexes, normal sensation, and no motor deficits. There was no clinical imaging to review. The current request is for electromyography of bilateral lower extremities and nerve conduction of bilateral lower extremities. The physician did not provide a rationale for the requested testing.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back- Lumbar & Thoracic, Nerve Conduction Studies.

Decision rationale: The ACOEM guidelines indicate that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In the absence of myotomal or deramatonal neurological deficits, the request is not supported. The physician failed to provide a rationale for the requested studies and how the results would impact the patient's treatment plan. Therefore, the request for electromyography of bilateral lower extremities is not medically necessary. The Offical Disability guidelines indicate that nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation provided fails to indicate neurological deficits on examination that would support medical necessity for the NCS. The physician failed to provide a rationale for the requested studies and how the results would impact the patient's treatment plan. Therefore, the request for nerve conduction of bilateral lower extremities is also not medically necessary and appropriate.